



**PROVIDER REPORT  
FOR**

**BAY COVE HUMAN  
SERVICES  
66 Canal St  
Boston, MA 02114**

**May 06, 2015**

**Version**

**Provider Web Report**

**Prepared by the Department of Developmental Services  
OFFICE OF QUALITY ENHANCEMENT**

# **SUMMARY OF OVERALL FINDINGS**

<b>Provider</b>	BAY COVE HUMAN SERVICES
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<b>Review Dates</b>	3/25/2015 - 3/31/2015
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<b>Service Enhancement Meeting Date</b>	4/10/2015
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<b>Survey Team</b>	Mark Boghoian Raymond Edi-Osagie Cheryl Hampton (TL) Leslie Hayes Lisa MacPhail Danielle Vautour Sally Hajjar
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### **Survey scope and findings for Residential and Individual Home Supports**

<b>Service Group Type</b>	<b>Sample Size</b>	<b>Licensure Scope</b>	<b>Licensure Level</b>	<b>Certification Scope</b>	<b>Certification Level</b>
<b>Residential and Individual Home Supports</b>	15 location(s) 16 audit (s)	Full Review	75 / 85 2 Year License 04/10/2015 - 04/10/2017		
Residential Services	12 location(s) 12 audit (s)			Deemed	
Individual Home Supports	3 location(s) 4 audit (s)			Deemed	

### **Survey scope and findings for Employment and Day Supports**

<b>Service Group Type</b>	<b>Sample Size</b>	<b>Licensure Scope</b>	<b>Licensure Level</b>	<b>Certification Scope</b>	<b>Certification Level</b>
<b>Employment and Day Supports</b>	2 location(s) 7 audit (s)	Full Review	47 / 50 2 Year License 04/10/2015 - 04/10/2017		
Community Based Day Services	1 location(s) 4 audit (s)			Deemed	
Employment Support Services	1 location(s) 3 audit (s)			Deemed	

### **Survey scope and findings for Planning and Quality Management**

<b>Service Group Type</b>	<b>Sample Size</b>	<b>Scope</b>	<b>Licensure Level</b>	<b>Certification Scope</b>	<b>Certification Level</b>
Planning and Quality Management	N/A	N/A	N/A	Deemed	0/0 Certified

## **EXECUTIVE SUMMARY:**

Bay Cove Human Services is a large private, non-profit human service agency that offers an array of services to various populations in the Greater Boston area and surrounding communities. These services include supports to families in areas such as developmental disabilities, aging, mental illness and drug and alcohol addiction. For the purpose of this survey, the services and supports within the Developmental Services Division were reviewed. Services and supports include residential, employment and community based day services to adults in Greater Boston and South Coastal areas. The agency serves 150 individuals in its community based day support (CBDS), 20 individuals in employment and 203 in residential services including 24-hour and individual home supports. The agency continues to maintain CARF accreditation; therefore, only a licensing review was conducted by the Department of Developmental Services, Office of Quality Enhancement.

Over the past several years, the agency has undergone organizational/infrastructure changes including the hiring of new staff at all levels of the organization and the acquisition of a Community Based Day and residential programs from another agency. Also, the agency has increased the number of medically involved people it serves; and, the agency's commitment and concerted efforts regarding end of life planning is noteworthy. To this end, it has partnered with chaplains and hospice to provide dignity and support throughout the process of dying. Furthermore, medical supports in general continue to be an agency strength. People received exceptional health care services and follow-up as needed on a regular basis; and, medications overall were administered as prescribed. Additionally, throughout the agency staff were very invested and knowledgeable regarding the people they supported. Staff were current for mandated and ancillary trainings in areas such as seizures disorders, special diets, unique signs and symptoms and vital signs. There were also many positive outcomes identified in the area of safeguard systems. Organizationally, the agency continued to have effective systems to manage complaints/investigations, and take action when necessary; and, it effectively tracked staff training. Across all settings, work/day and residential locations were well maintained and safe. Fire drills were conducted in accordance with established safety plans. Additionally, people's funds were properly tracked and managed.

The agency's Day and Employment Services were found to be supporting people's skills and work/day preferences. It was evident that the newly acquired CBDS program was integrated into the agency's culture and philosophy. The agency incorporated choices relative to activities/programs for people to participate in on a daily basis. Staff interviewed were able to communicate their comprehensive knowledge of the people they supported, including their preferences and needs. Also of note, staff were well versed in employing strategies to effectively communicate with people and foster their participation in activities. Individuals interviewed expressed strong satisfaction with the activities/opportunities offered. Staff supported people to work towards identified ISP goals/objectives. Overall, at both CBDS and employment locations, people were working in the community in desired job placements such as Home Depot, Shell Gas, Dunkin donuts, New England Aquarium, local nursing homes, CVS and Stop and Shop. The agency is also part of the Greater Boston Employment Collaborative which is a forum to network, share ideas and get information regarding job opportunities. For those in CBDS, the agency developed a supported employment peer support group to teach readiness skills and job expectations for those who express an interest in working.

Within residential services, there are some requirements needing improvement particularly in the areas of safety and ISP requirement. There were residential locations that had expired safety plans. Additionally, 'actions required' were issued at homes that had water temperatures outside of acceptable limits. It should be noted that, once identified, the agency took immediate steps to correct these issues. The information in the Medication and Treatment Plans did not contain all required components such as data on target behaviors for which medication is prescribed and observable symptoms unique to each

individual. Elements of the ISP process could also be improved upon, particularly in submitting assessments and support strategies within the required time-frame. Consistent ISP implementation and progress notes that reflect success in support strategies were also in need of improvement. Other areas identified as needing improvement include consistent assessment of self-medication skills, more timely submission of restraint reports and consistent representation of all mandated functions at Human Rights Committee meetings.

In summary, Bay Cove Human Services continues to provide quality supports to the individuals it serves. Overall, numerous systems are in place to effectively manage and track agency operations. As a result of survey findings, the agency received an overall score of 88% for residential services resulting in a Two- Year License with follow-up from the Office of Quality Enhancement within 60 days of the Service Enhancement Meeting. The agency also received an overall score of 94% for Day/Employment Services resulting in a Two-Year License and will conduct its own follow-up for indicators receiving a not met.

## LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met		Met / Rated	Not Met / Rated	% Met
<b>Organizational</b>	<b>8/10</b>	<b>2/10</b>		<b>Organizational</b>	<b>8/10</b>	<b>2/10</b>	
<b>Residential and Individual Home Supports</b>	<b>67/75</b>	<b>8/75</b>		<b>Employment and Day Supports</b>	<b>39/40</b>	<b>1/40</b>	
Residential Services Individual Home Supports				Community Based Day Services Employment Support Services			
<b>Critical Indicators</b>	<b>8/8</b>	<b>0/8</b>		<b>Critical Indicators</b>	<b>7/7</b>	<b>0/7</b>	
<b>Total</b>	<b>75/85</b>	<b>10/85</b>	<b>88%</b>	<b>Total</b>	<b>47/50</b>	<b>3/50</b>	<b>94%</b>
<b>2 Year License</b>				<b>2 Year License</b>			
<b># indicators for 60 Day Follow-up</b>		<b>10</b>		<b># indicators for 60 Day Follow-up</b>		<b>3</b>	

### **Organizational Areas Needing Improvement on Standards not met/Follow-up to occur:**

Indicator #	Indicator	Area Needing Improvement
L48	The agency has an effective Human Rights Committee.	Out of nine HRC meetings held in the past two years, the agency nurse attended one meeting in 2013, zero meetings in 2014 and the one meeting held in 2015. The nurse is a mandated function of the committee. Therefore, the agency needs to ensure those members that are in a mandated role are able to actively participate in all committee meetings. The agency can explore ways to find others to assume this responsibility or explore tele-conferencing them into the meetings to obtain full participation from all committee members.
L65	Restraint reports are submitted within required timelines.	Certain aspects relative to the submission and review of restraint reports (the final manager's review and HRC review) were not conducted within the established timeframe of 5 days for the final manager review and 120 days for the HRC review. The agency needs to ensure that it complies with all aspects relative to the submission of restraint report timelines.

**Residential Commendations on Standards Met:**

<b>Indicator #</b>	<b>Indicator</b>	<b>Commendations</b>
L37	Individuals receive prompt treatment for episodic health care conditions.	The agency is commended for providing exceptional healthcare for the individuals they supported, many of which were medically involved and had multiple needs. In addition, the agency's initiative for end-of-life planning was noteworthy. Staff supported individuals through the end of life process and the concerted effort to partner with hospice and chaplains to promote the dignity of individuals as they were dying.

**Residential Areas Needing Improvement on Standards not met/Follow-up to occur:**

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
L5	There is an approved safety plan in home and work locations.	Five out of fifteen locations either had expired safety plans, safety plans lacking area office approval or the Provider Assurance Form was not on site at the time of survey. In some situations, the updated and approved plan was faxed or emailed during the course of the survey. The agency needs to ensure that safety plan renewals are completed in a timely manner.
L15	Hot water temperature tests between 110 and 130 degrees.	For seven locations, the water temperatures were either below or above the normal limit range. The agency took proactive steps to correct these issues once identified. The agency needs to ensure water temperatures fall within the acceptable range at all times.
L47	Individuals are supported to become self-medicating when appropriate.	For six individuals, the ability to learn self-medication skills was not assessed. The agency needs to ensure all individuals are assessed regarding their abilities to learn the skills to self-medicate.
L55	Informed consent is obtained from individuals or their guardians when required; Individuals or their guardians know that they have the right to withdraw consent.	For seven individuals, the form utilized to obtain consent was not specific to the need for the desired photo. For example, many had a consent for a Bay Cove publication for future use. It did not specify what the publication was (i.e. brochure, internet homepage, agency newsletter). Informed consent needs to be obtained for each specific event or situation.
L63	Medication treatment plans are in written format with required components.	At eleven locations, medication and treatment plans were missing data on the symptoms and target behaviors for which the medication is prescribed. Some were also missing observable criteria specific to the individual. The agency needs to ensure all medication and treatment plans have the required components.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For eight individuals, assessments were not submitted 15 days prior to the ISP meeting. The agency needs to ensure that this information is submitted into HCSIS within the regulatory timeframes.

**Residential Areas Needing Improvement on Standards not met/Follow-up to occur:**

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	For eleven individuals, support strategies were not submitted 15 days prior to the ISP meeting. The agency needs to ensure this information is submitted into HCSIS within the regulatory timeframes.
L88	Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	The agency did not ensure that all services and support strategies identified and agreed upon in the ISP were being implemented. The agency needs to ensure that it fulfills its responsibilities relative to ISP implementation.

**Employment/Day Areas Needing Improvement on Standards not met/Follow-up to occur:**

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	The agency did not ensure assessments were submitted 15 days prior to the ISP meeting. The agency needs to ensure this information is submitted into HCSIS within the regulatory timeframes.



## MASTER SCORE SHEET LICENSURE

**Organizational: BAY COVE HUMAN SERVICES**

Indicator #	Indicator	Met/Rated	Rating (Met, Not Met, Not Rated)
☐ L2	Abuse/neglect reporting	14/14	Met
L3	Immediate Action	14/14	Met
L4	Action taken	12/12	Met
L48	HRC	2/9	Not Met(22.22 % )
L65	Restraint report submit	5/7	Not Met(71.43 % )
L66	HRC restraint review	7/7	Met
L74	Screen employees	8/8	Met
L75	Qualified staff	6/6	Met
L76	Track trainings	20/20	Met
L83	HR training	20/20	Met

### Residential and Individual Home Supports:

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L1	Abuse/neglect training	I	12/12	4/4					16/16	Met
L5	Safety Plan	L	8/12	2/3					10/15	Not Met (66.67 %)
☐ L6	Evacuation	L	12/12	3/3					15/15	Met
L7	Fire Drills	L	11/12						11/12	Met (91.67 %)
L8	Emergency Fact Sheets	I	10/12	3/4					13/16	Met (81.25 %)
L9	Safe use of equipment	L	12/12	3/3					15/15	Met

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L10	Reduce risk interventions	I	4/4	1/1					5/5	Met
Ⓟ L11	Required inspections	L	11/11	3/3					14/14	Met
Ⓟ L12	Smoke detectors	L	12/12	3/3					15/15	Met
Ⓟ L13	Clean location	L	12/12	3/3					15/15	Met
L14	Site in good repair	L	9/9	3/3					12/12	Met
L15	Hot water	L	6/12	2/3					8/15	Not Met (53.33 %)
L16	Accessibility	L	10/10	2/2					12/12	Met
L17	Egress at grade	L	12/12	2/2					14/14	Met
L18	Above grade egress	L	8/8	2/2					10/10	Met
L19	Bedroom location	L	5/5	1/1					6/6	Met
L20	Exit doors	L	11/12	2/2					13/14	Met (92.86 %)
L21	Safe electrical equipment	L	11/12	3/3					14/15	Met (93.33 %)
L22	Clean appliances	L	12/12	3/3					15/15	Met
L23	Egress door locks	L	8/8						8/8	Met

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L24	Locked door access	L	9/9						9/9	Met
L25	Dangerous substances	L	12/12	3/3					15/15	Met
L26	Walkway safety	L	12/12	3/3					15/15	Met
L28	Flammables	L	10/10	2/2					12/12	Met
L29	Rubbish/combustibles	L	12/12	2/3					14/15	Met (93.33 %)
L30	Protective railings	L	9/10	3/3					12/13	Met (92.31 %)
L31	Communication method	I	12/12	4/4					16/16	Met
L32	Verbal & written	I	12/12	4/4					16/16	Met
L33	Physical exam	I	12/12	4/4					16/16	Met
L34	Dental exam	I	12/12	3/3					15/15	Met
L35	Preventive screenings	I	12/12	4/4					16/16	Met
L36	Recommended tests	I	11/12	4/4					15/16	Met (93.75 %)
L37	Prompt treatment	I	10/10	4/4					14/14	Met
Ⓟ L38	Physician's orders	I	8/9						8/9	Met (88.89 %)
L39	Dietary requirements	I	6/6	2/2					8/8	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI- MFP Res. Sup.	ABI- MFP Place.	Total Met/Rat ed	Rating
L40	Nutrition al food	L	12/12	2/3					14/15	Met (93.33 %)
L41	Healthy diet	L	12/12	3/3					15/15	Met
L42	Physical activity	L	12/12	3/3					15/15	Met
L43	Health Care Record	I	10/12	3/4					13/16	Met (81.25 %)
L44	MAP registrat ion	L	12/12	2/2					14/14	Met
L45	Medicati on storage	L	12/12	2/2					14/14	Met
Ⓟ L46	Med. Adminis tration	I	11/12	1/1					12/13	Met (92.31 %)
L47	Self medicati on	I	7/12	3/4					10/16	Not Met (62.50 %)
L49	Informe d of human rights	I	12/12	4/4					16/16	Met
L50	Respect ful Comm.	L	12/12	3/3					15/15	Met
L51	Posses sions	I	12/12	4/4					16/16	Met
L52	Phone calls	I	11/11	4/4					15/15	Met
L53	Visitatio n	I	12/12	4/4					16/16	Met
L54	Privacy	L	12/12	3/3					15/15	Met
L55	Informe d consent	I	1/7	0/1					1/8	Not Met (12.50 %)
L56	Restricti ve practice s	I	7/8	1/1					8/9	Met (88.89 %)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI- MFP Res. Sup.	ABI- MFP Place.	Total Met/Rat ed	Rating
L57	Written behavio r plans	I	1/1						1/1	Met
L58	Behavio r plan compon ent	I	1/1						1/1	Met
L59	Behavio r plan review	I	1/1						1/1	Met
L60	Data mainten ance	I	1/1						1/1	Met
L61	Health protecti on in ISP	I	5/5						5/5	Met
L62	Health protecti on review	I	5/5						5/5	Met
L63	Med. treatme nt plan form	I	2/10	0/3					2/13	Not Met (15.38 %)
L64	Med. treatme nt plan rev.	I	8/10	3/3					11/13	Met (84.62 %)
L67	Money mgmt. plan	I	9/11	1/1					10/12	Met (83.33 %)
L68	Funds expendi ture	I	11/11	1/1					12/12	Met
L69	Expendi ture tracking	I	10/11	1/1					11/12	Met (91.67 %)
L70	Charge s for care calc.	I	12/12	4/4					16/16	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L71	Charges for care appeal	I	12/12	3/3					15/15	Met
L77	Unique needs training	I	12/12	3/3					15/15	Met
L78	Restrictive Int. Training	L	4/5	2/2					6/7	Met (85.71 %)
L79	Restraint training	L	4/4	1/1					5/5	Met
L80	Symptoms of illness	L	12/12	3/3					15/15	Met
L81	Medical emergency	L	12/12	3/3					15/15	Met
Ⓟ L82	Medication admin.	L	12/12	2/2					14/14	Met
L84	Health protect. Training	I	4/4						4/4	Met
L85	Supervision	L	10/12	2/3					12/15	Met (80.0 %)
L86	Required assessments	I	5/10	0/4					5/14	Not Met (35.71 %)
L87	Support strategies	I	1/9	1/4					2/13	Not Met (15.38 %)
L88	Strategies implemented	I	9/12	3/4					12/16	Not Met (75.00 %)
<b>#Std. Met/# 75 Indicator</b>									<b>67/75</b>	

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
<b>Total Score</b>									<b>75/85</b>	
									<b>88.24%</b>	

#### Employment and Day Supports:

Ind. #	Ind.	Loc. or Individ.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L1	Abuse/neglect training	I	3/3		4/4	7/7	Met
L5	Safety Plan	L			1/1	1/1	Met
Ⓟ L6	Evacuation	L			1/1	1/1	Met
L7	Fire Drills	L			1/1	1/1	Met
L8	Emergency Fact Sheets	I	3/3		4/4	7/7	Met
L9	Safe use of equipment	L	1/1		1/1	2/2	Met
Ⓟ L11	Required inspections	L			1/1	1/1	Met
Ⓟ L12	Smoke detectors	L			1/1	1/1	Met
Ⓟ L13	Clean location	L			1/1	1/1	Met
L14	Site in good repair	L			1/1	1/1	Met
L15	Hot water	L			1/1	1/1	Met
L16	Accessibility	L			1/1	1/1	Met
L17	Egress at grade	L			1/1	1/1	Met
L18	Above grade egress	L			1/1	1/1	Met
L20	Exit doors	L			1/1	1/1	Met
L21	Safe electrical equipment	L			1/1	1/1	Met
L22	Clean appliances	L			1/1	1/1	Met
L25	Dangerous substances	L			1/1	1/1	Met

Ind. #	Ind.	Loc. or Individ.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L26	Walkway safety	L			1/1	1/1	Met
L28	Flammables	L			1/1	1/1	Met
L29	Rubbish/combustibles	L			1/1	1/1	Met
L31	Communication method	I	3/3		4/4	7/7	Met
L32	Verbal & written	I	3/3		4/4	7/7	Met
Ⓟ L38	Physician's orders	I			2/2	2/2	Met
L44	MAP registration	L			1/1	1/1	Met
L45	Medication storage	L			1/1	1/1	Met
L49	Informed of human rights	I	3/3		4/4	7/7	Met
L50	Respectful Comm.	L	1/1		1/1	2/2	Met
L51	Possessions	I	3/3		4/4	7/7	Met
L52	Phone calls	I	3/3		4/4	7/7	Met
L54	Privacy	L			1/1	1/1	Met
L55	Informed consent	I	1/1		3/3	4/4	Met
L77	Unique needs training	I	3/3		4/4	7/7	Met
L80	Symptoms of illness	L	1/1		1/1	2/2	Met
L81	Medical emergency	L	1/1		1/1	2/2	Met
Ⓟ L82	Medication admin.	L			1/1	1/1	Met
L85	Supervision	L	1/1		1/1	2/2	Met
L86	Required assessments	I	2/3		2/3	4/6	Not Met (66.67 %)
L87	Support strategies	I	3/3		2/3	5/6	Met (83.33 %)
L88	Strategies implemented	I	3/3		4/4	7/7	Met



Ind. #	Ind.	Loc. or Indiv.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
#Std. Met/# 40 Indicator						39/40	
Total Score						47/50	
						94.00%	

## MASTER SCORE SHEET CERTIFICATION

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